

<b>Case Number:</b>	CM14-0126584		
<b>Date Assigned:</b>	08/13/2014	<b>Date of Injury:</b>	01/07/2014
<b>Decision Date:</b>	09/11/2014	<b>UR Denial Date:</b>	07/24/2014
<b>Priority:</b>	Standard	<b>Application Received:</b>	08/11/2014

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Plastic and Reconstructive Surgery and is licensed to practice in Maryland, Virginia and North Carolina. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 32 year old male with a reported date of injury on 1/7/14 who requested authorization for repeat electrodiagnostic studies of the bilateral upper extremities. Documentation from 6/30/14 notes the patient with complaints of right shoulder, elbow and wrist pain. He has numbness and tingling in the right 1st three digits. He has been undergoing conservative management with some improvement. Examination notes positive Phalen's test and Tinel's sign at the right wrist. Stated electrodiagnostic studies (EMG/NCV) from 6/16/14 was reported as a normal study. Assessment is right shoulder subacromial bursitis and impingement, right carpal tunnel symptoms and right triceps pain/strain. Physical therapy was recommended, as well MRI exam of the right shoulder, elbow and wrist. Documentation from 6/24/14 states electrodiagnostic studies from 6/16/14 were reported as a normal study. He has had physical therapy, acupuncture and chiropractic treatment. He has persistent neck pain and right upper extremity complaints. He is diagnosed with cervical disc herniation at C5-C6, facet arthropathy of the cervical spine and thoracic and lumbar strain. Continued conservative management and general orthopedic follow-up was recommended. Electrodiagnostic studies from 6/16/14 note a normal study. There is no electrodiagnostic evidence of focal nerve entrapment, cervical radiculopathy or generalized peripheral neuropathy affecting the upper extremities. Consider repeat studies in 3-6 months if symptoms are progressive or not resolved. Documentation from 5/7/14 notes that the patient has tingling in the right 1st to 3rd digits. He has undergone 3 chiropractic treatments and continues with Nabumetone and Tylenol with codeine. An MRI scan showed 3mm right protrusion at C5-C6 level. He has pain with cervical range of motion. Examination documents paresthesias in the right hand. Phalen's test and tinel's sign is negative at the wrist. He is diagnosed with C5-C6 disc protrusion with right C6 radiculitis. Electrodiagnostic studies were requested. Documentation from 4/9/14 notes a history of trauma

to the head and neck with causing pain in the neck and arms. He has been prescribed medication and has been undergoing physical therapy. He complains primarily of neck pain that radiates down the upper extremity. No numbness in the arms or hands. He is diagnosed with cervical myofascial pain and C5-C6 disc protrusion with no active radiculopathy. Recommendation was made for conservative management. An MRI result from 3/13/14 notes 3 mm disc protrusion at C5-C6 level. Utilization review dated 7/24/14 did not certify EMG and NCV of the Bilateral Upper Extremities. Reasoning given was that the request was for a repeat electrodiagnostic study. Previous report from an electrodiagnostic study dated 6/16/14 stated normal study. 'Without a recent medical note describing the patient's current subjective and objective findings a request for a repeat EMG/NCV of the upper extremities cannot be reviewed or certified.

### **IMR ISSUES, DECISIONS AND RATIONALES**

The Final Determination was based on decisions for the disputed items/services set forth below:

**Another EMG (electromyography) Bilateral Upper Extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263, Chronic Pain Treatment Guidelines Chapter 2 physical examination Page(s): 6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** The patient is a 32 year old male with signs and symptoms of a possible C5-C6 radiculopathy and/or right carpal tunnel syndrome, who has been undergoing conservative management. Based on these complaints and examination detail, the patient underwent electrodiagnostic studies (EMG/NCV) on 6/16/14. This was reported as a normal study. Thus, there is no medical reason to repeat the electrodiagnostic studies within this short of a time span (2 weeks from the time of the study and most recent follow-up). As recommended in the detail of the electrodiagnostic study report, Consider repeat studies in 3-6 months if symptoms are progressive or not resolved. From ACOEM, Forearm, Wrist and Hand complaints, page 261 Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. Thus, repeat EMG/NCV would not be considered medically necessary at this time.

**Another NCV (Nerve Conduction Study) bilateral upper extremities: Upheld**

**Claims Administrator guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 263, Chronic Pain Treatment Guidelines chapter 2 physical examination Page(s): 6.

**MAXIMUS guideline:** Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints Page(s): 261.

**Decision rationale:** The patient is a 32 year old male with signs and symptoms of a possible C5-C6 radiculopathy and/or right carpal tunnel syndrome, who has been undergoing conservative management. Based on these complaints and examination detail, the patient underwent electrodiagnostic studies(EMG/NCV) on 6/16/14. This was reported as a normal study. Thus, there is no medical reason to repeat the electrodiagnostic studies within this short of a time span(2 weeks from the time of the study and most recent follow-up). As recommended in the detail of the electrodiagnostic study report, Consider repeat studies in 3-6 months if symptoms are progressive or not resolved. From ACOEM, Forearm, Wrist and Hand complaints, page 261 Appropriate electrodiagnostic studies (EDS) may help differentiate between CTS and other conditions, such as cervical radiculopathy. These may include nerve conduction studies (NCS), or in more difficult cases, electromyography (EMG) may be helpful. NCS and EMG may confirm the diagnosis of CTS but may be normal in early or mild cases of CTS. If the EDS are negative, tests may be repeated later in the course of treatment if symptoms persist. Thus, repeat EMG/NCV would not be considered medically necessary at this time.